V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1947

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 23443

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 866

1. PLACE OF DEATH:
(a) County: Buchannan
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew 2
(c) City or town: Savannah 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. ——
(If rural, give location) 1
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Benjamin Oppliger
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 510-03-3324

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Nelle Marie Oppliger
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Dec. (Month) 12 (Day) 1898 (Year)

8. AGE: Years 48 ✓ Months 7 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace: Ransom, Ks. (City, town, or county) (State or foreign country)
10. Usual occupation: Beatrice Creamery Companies
11. Industry or business: Procurement manager
MOTHER FATHER
12. Name: Frederick Oscar Oppliger
13. Birthplace: Andrew Co. Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Rosa Ummel
15. Birthplace: Gentry Co. Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Nelle Marie Oppliger
(b) Address: Savannah - Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof: 7-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ransom - Ks
18. (a) Signature of funeral director: A M Atkinson
(b) Address: Savannah - Mo.
19. (a) 7-21-47 (Date received by local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1947 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 14 July 1947 to 19 July 1947 that I last saw him alive on 19 July 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis General — Duration
Due to: Appendicitis Ruptured & abscess.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 0
Of autopsy:

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Robert Bone (M. D. or other)
Address: Savannah Mo. Date signed: 7/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 28 1948

MAY 18 1950

AUG 13 1947

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed G. M. Atkinson

Licensed Embalmer No. 2279

P. O. Address Lucerne Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.